

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4579**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 206		
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 2 1/2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield				
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2026 West Thoman				d. STREET ADDRESS (If rural, give location) 2026 West Thoman				
3. NAME OF DECEASED (Type or Print) a. (First) Lucy			b. (Middle) Coppage		c. (Last) Mosher		4. DATE OF DEATH (Month) (Day) (Year) March 1 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 8, 1874	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Lester B Coppage			13b. MOTHER'S MAIDEN NAME Julia French		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Hattie Chambers, Springfield, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 42no					INTERVAL BETWEEN ONSET AND DEATH 7	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from Jan. 27, 1949 , to March 1, 1949 , that I last saw the deceased alive on March 1, 1949 , and that death occurred at 8:00A. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Edward Marcus M.D.				23b. ADDRESS 623 Woodruff Building		23c. DATE SIGNED 3/1/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 3, 1949		24c. NAME OF CEMETERY OR CREMATORY Harmony Cemetery		24d. LOCATION (City, town, or county) (State) 3 miles east of Milford, Mo.		
DATE REC'D BY LOCAL REG. 3/1/49		REGISTRAR'S SIGNATURE W. E. Handley MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Lohmeyer Funeral Home, Springfield, Mo.				

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Jane E. Kunda

Licensed Embalmer No. *2831*

P. O. Address *Springfield*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.